



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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CONFIRMATION NO. 8016

Bib Data Sheet

SERIAL NUMBER 09/926,580	FILING DATE 06/03/2002 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. ATM-2241
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## APPLICANTS

Peter Kancsar, Zurich, SWITZERLAND;  
 Laurenz Zellweger, Zurich, SWITZERLAND;  
 Michael Krohn, Zurich, SWITZERLAND;  
 Claudia Schmauder, Zurich, SWITZERLAND;  
 Susanne Marti, Zurich, SWITZERLAND;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A 371 OF PCT/EP00/04330 05/13/2000

OK TBA

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 99810480.6 06/02/1999

OK TBA

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

Fisher Christen & Sabol  
 Suite 1401  
 1725 K Street NW  
 Washington, DC 20006

## TITLE

Child-resistant packaging for tablets

FILING FEE RECEIVED 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SWITZERLAND	2	28	1
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

Fisher, Christen & Sabol  
 1725 K Street NW  
 Suite 1108  
 Washington, DC 20006

**TITLE**

Child-resistant packaging for tablets

FILING FEE RECEIVED 1164	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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